

ATTACHMENT 1

(USE SERVICE PROVIDER'S LETTERHEAD)

AUTHORIZED SIGNATURE FORM

DATE: _____

This form certifies the names, titles and signatures of individuals authorized by the service provider's bylaws or board resolution to sign contracts, checks, budget revision requests, payment requests, and any other requests that are required by the Miami-Dade County Office of Strategic Business Management (OSBM) for disbursement of funds. These signature authorizations are retained by OSBM for auditing purposes. Service Providers are required to submit updates to this list as they become necessary.

	<u>NAME (please type)</u>	<u>TITLE (please type)</u>	<u>SIGNATURE</u>
I.	<u>Prime Contracts and Subcontracts</u>		
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
II.	<u>Checks (List amount limits)</u>		
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
III.	<u>Budget Revision Requests</u>		
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
IV.	<u>Payment Requests</u>		
	_____	_____	_____
	_____	_____	_____

S A M P L E
ABC AGENCY, INC.
 1501 WEST FLAGLER STREET
 MIAMI, FLORIDA 33100

Ms. Rachel Baum

Continuation

Miami-Dade County Finance Director

Stephen P. Clark Center

111 N.W. 1st Street - Ste. 2620

Miami, Florida 33128

Contract Name: Ryan White Yr. 14

Grant ID #: 5H89HA00005-14

Grant #: BU0314

Index Code #: BU3ABC14

Resolution #: R-674-02

Vendor #: 591234567 01

Request No.: 1

We request reimbursement in the amount of \$ 4,300.00 for services delivered from 03/01/04 through 03/31/04.

Amount requested as per contract is as follows:

<u>Cost Code</u>	<u>Description</u>	<u>Amount</u>
22470	Outreach Services	\$4,300.00

Attached please find invoices and payroll records to substantiate the above expenditures.

I certify that the attached invoices and personnel expenses have been paid and none of these items have been previously reimbursed. All of the expenditures comply with the authorized Ryan White Title I budget and fall within the contracted scope of services.

The following documents are included in this reimbursement request:

Check (X)☒ Original invoices☒ Payroll records & proof of taxes paid☒ Copies of checks☒ All documentation has been signed.

Is this the final reimbursement request?

X
 Yes No

Sincerely,

Authorized Signature / Title

Date: _____

Attachment 2 (Continued)

USE SERVICE PROVIDER'S LETTERHEAD

Ms. Rachel Baum
Miami-Dade County Finance Director
Stephen P. Clark Center
111 N.W. 1st Street - Ste. 2620
Miami, Florida 33128

Contract Name: _____
Grant ID #: _____
Grant #: _____
Index Code #: _____
Resolution #: _____
Vendor #: _____
Request No.: _____

We request reimbursement in the amount of \$ _____ for services delivered from
through _____.

Amount requested as per contract is as follows:

<u>Cost Code</u>	<u>Description</u>	<u>Amount</u>
_____	_____	\$ _____

Attached please find invoices and payroll records to substantiate the above expenditures.

I certify that the attached invoices and personnel expenses have been paid and none of these items have been previously reimbursed. All of the expenditures comply with the authorized Ryan White Title I budget and fall within the contracted scope of services.

The following documents are included in this reimbursement request:

Check (X)

- ☒ Original invoices
- ☒ Payroll records & proof of taxes paid
- ☒ Copies of checks
- ☒ All documentation has been signed.

Is this the final reimbursement request?

☒ Yes ☐ No

Sincerely,

Authorized Signature / Title

Date: _____

ATTACHMENT 3

S A M P L E
ABC AGENCY, INC.
1501 WEST FLAGLER STREET
MIAMI, FLORIDA 33100

Monthly Line Item Budget Form

Contract Name: Ryan White Yr. 14 Continuation
Grant ID #: 5 H89HA00005-14
Grant #: BU0314
Index Code #: BU3ABC14
Resolution #: R-674-02
Vendor #: 591234567 01
Request No.: **1**

Service Code: 22470

Service Category: Outreach Services

	Approved Budget	Current Request	Y.T.D. Expended	Contract Balances
Salaries-Gross:				
Outreach Worker, Tony Smith	\$15,800.00	\$288.82	\$0.00	\$15,511.18
Outreach Worker, Jane Brown	\$15,300.00	\$330.41	\$0.00	\$14,969.59
Outreach Supv., Ray Samuel	\$19,800.00	\$66.00	\$0.00	\$19,734.00
Fringe Benefits:				
Tony Smith	\$3,160.00	\$52.56	\$0.00	\$3,107.44
Jane Brown	\$3,060.00	\$61.29	\$0.00	\$2,998.71
Ray Samuel	\$3,960.00	\$14.57	\$0.00	\$3,945.43
Office Rental	\$1,200.00	\$50.00	\$0.00	\$1,150.00
Supplies	\$1,000.00	\$70.00	\$0.00	\$930.00
Travel	\$500.00	\$0.00	\$0.00	\$500.00
Other Direct Costs:				
Total Operating Expenses:	\$63,780.00	\$933.65	\$0.00	\$62,846.35

Authorized by:

Authorized Signature / Title

Date: _____

S A M P L E
OFFICE RENTAL CO.
100 OKEECHOBEE ROAD
HIALEAH, FLORIDA 33108

March 1, 2004

ABC Agency, Inc.
1501 WEST FLAGLER STREET
Miami, Florida 33100

Rental space (1,500 sq. ft.)	\$1,000.00
at 1501 West Flagler Street - March 2004	

TOTAL TO PAY.....\$1,000.00

Paid with Check # 104

Allocation charged to Ryan White Title I: \$50.00

ATTACHMENT 5

S A M P L E
OFFICE SUPPLIES, INC.
100 West Palm Avenue
Hialeah, Florida 33108

March 1, 2004

ABC Agency, Inc.
1501 WEST FLAGLER STREET
Miami, Florida 33100

03/15/2004- 10 boxes of file folders	20.00	\$200.00
03/15/2004- 100 reams of letter size paper (white)	5.00	<u>500.00</u>
		\$700.00

Paid with Check # 105

Allocation charged to Ryan White Title I: \$70.00